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CONFIRMATION NO. 8425

<b>SERIAL NUMBER</b> 10/665,754	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> A31-4000-4
<b>APPLICANTS</b> James J. Pagliuca, Millis, MA; John D. Unger, Wrentham, MA; James E. Robbins, North Attleboro, MA; Thomas W. Davison, Franklin, MA; Adam Sher, North Attleboro, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/906,463 07/16/2001 PAT 6,652,553 which is a CIP of 09/772,605 { *s 01/30/2001 PAT 6,800,084 vN which is a CIP of 09/137,335 08/20/1998 PAT 6,187,000				
<b>** FOREIGN APPLICATIONS *****</b> vN				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/10/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Unger</i> vN Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 9
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 26294				
<b>TITLE</b> Surgical tool for use in expanding a cannula				
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	